

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILED DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		2		
4		1		1		
5		1		1		
6		1		1		
7	1		1			
8		1		1		
9		2		2		
10		2		2		
11		2		2		
12		1		1		
13	1		1			
14		1		1		
15		1		1		
16		1		1		
17		4		4		
18		1		1		
19		1		1		
20	1		1			
21		1		1		
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TOTAL IND.	↓		4	↓		↓
TOTAL DEP.	↓		24	↓		↓
TOTAL CLAIMS			28			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.	↓		↓		↓	
TOTAL DEP.	↓		↓		↓	
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS